Bayer CropScience

I024202



June 29, 2012

Document Processing Desk 6(a)(2)
Office of Pesticide Programs (7504P)
U. S. Environmental Protection Agency
Room S-4900, One Potomac Yard
2777 South Crystal Drive
Arlington, VA 22202-4501

RE: 6(a)(2) Incidents Accumulated for the Month of May 2012

Dear Sir/Madam:

Reportable incidents accumulated for the month of May 2012 for Bayer CropScience and Bayer Environmental Science are attached.

The information with this letter is being submitted to the EPA pursuant to the Agency's interpretation of requirements imposed on registrants by Section 6(a)(2) of FIFRA. This information does not necessarily constitute additional factual information regarding unreasonable adverse effects within the meaning of 6(a)(2). It is being submitted to enable the Agency to make its own assessment of the information.

If you have questions or concerns, please do not hesitate to contact me at any time.

Sincerely,

Gerret Van Duyn Compliance Manager

5. Henret Van Duyn

State Regulatory and Documentation Services

919-549-2914

CC: AE Coordinator, CA Department of Pesticide Regulation

Jeanine Broughel, NY Department of Environmental Conservation

/attachment

B syer CropScience RTP P. O. Box 12014 R.TP, NC 27709 Tel. 919 549-2000

Personal privacy information

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 3 Row 1 Reporter Name Submission Contact person (if different than reporter) Internal ID 978240-1 date. Administrative 6/29/2012 Data Address Address Phone # Incident Status: Location and date of incident Date registrant Was incident part of larger study? Middleberg, FL became aware of incident. Chronic: >1 month <= 3 05/22/2012 months Row 2 EPA Registration # (Product 1) EPA Registration # (Product 2) EPA Registration # (Product 3) 72155-80 Pesticide(s) Involved A.I. (s) A.I. (s) A.I. (s) Beta-Cyfluthrin, sodium ophenylphenate Product 1 name Product 2 Name Product 3 Name Home Pest plus Germ Killer Indoor & Outdoor Killer RTU (1 Gal) Exposed to concentrate prior to Exposed to concentrate prior to Exposed to concentrate prior to dilution? No dilution? dilution? **Formulation Formulation** Formulation 9 9 Row 3 Evidence label Incident site: (examples include home, Situation (act obusing product): (examples include mixing/loading, reentry, application, directions were not yard, school, industrial, nursery/greenhouse, surface water. Incident followed? No transportation, repair/maintenance of commercial turf, building/office, forest/ Intentional misuse? Circumstances application equipment manufacturing/ formulating). woods, agricultural (specify crop) right-ofway (rail, utility, highway)). See Incident Description Notes Applicator certified? Own Residence UNK How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident **Description Notes**

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 3

Brief description of incident circumstances. Nordaune, Abby May 22 2012 6:42PM is calling on behalf of his girlfriend , her son , and her son's girlfriend Due to the complexity of the case he has somewhat limited / fragmented details of potential exposure histories. He is concerned about the recent use of this product in a camper and his own home and apparent seizure activity several people have had recently. Caller states that sprayed this product 4-5x over a two-week period of time about 2 months ago to the interior of a camper that he is living in. At the time of application, the windows were open in the camper to allow air flow ventilation. This product was also sprayed twice over a two week period of time to the interior of well about 6 weeks ago. reports that apparently had 1+ seizure<u>s of unk</u>nown duration about 1 week ago (on 5/16/2012) and was subsequently seen at a local ER for evaluation. As had no history of seizures, he was subsequently admitted to the hospital for evaluation. A CT, MRI and EEG were performed at the time though no specific findings were was apparently transferred to another local hospital on 5/20/2012 at which time he apparently suffered another seizure at which time was administered a dose of ativan though went on to experience an a<u>dditional</u> 2 seizure episodes and has subsequently been officially diagnosed with a seizure disorder. reports that was released from the hospital today (5/22/2012) apparently without any outpatient medication therapy to take and upon returning home, he took shower in the camper and had yet another seizure at home and transported back to the hospital where he is at present. also indicates that his own girlfriend apparently suffered a single seizure about 1 month ago of unknown duration. She was seen by a local physician at which time an EEG, MRI and CT scan were performed. Although the test results were "normal" she was diagnosed with epilepsy and started on anti-epileptic drug therapy (Keppra). The also indicated that the had a seizure about 5 yrs ago as well though at that time was not started on any drug therapy. also reports that had a seizure on 5/14/2012 of an unknown duration. She was seen by a local physicith and received an MRI, CT scan and EEG. Results appear t<u>o indicate</u> scarring on her frontal loby and untilerlying epileptic activity. has been started on Keppra. reports there is a history of seizures in her family but she has not had them in the past.

A: Discussed with SL -

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There is no indication that the use of the product is at all linked with the reported health effects; it is difficult to determine that an actual exposure to the product at any concentration has even occurred other than simply residing in a home / structure that product had been sprayed in. Given the low concentration of the AI in product, even in the event that gross misuse of the product had occurred inhalation exposure to the product is not expected to result in such neurological effects and additionally, 2 of the 3 parties involved have at least a vague history of seizure activity in the past that cannot be discounted.

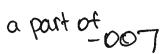
is most worried about the seizure activity and link with the use of the product.

Would encourage anyone affected to continue to follow-up with their primary care providers as directed and if they have specific questions regarding the tox profile of the product, AI etc, please have them call. Provided tele# and case#

LeMaster, Steve May 23 2012 10:50AM notified client

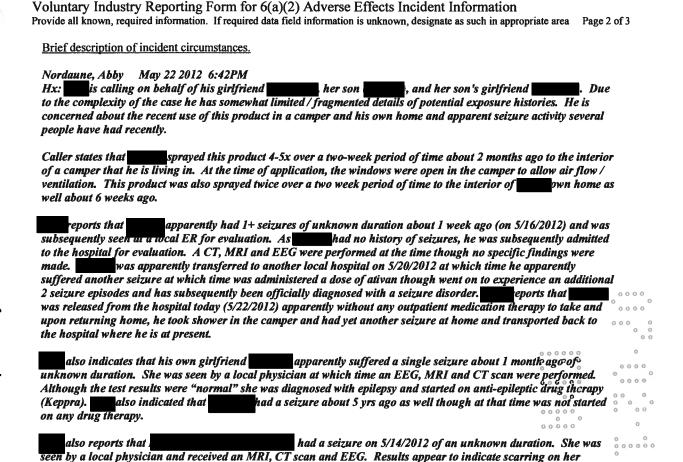
Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 3 of 3

Demographic information: Age: 19 Year(s) Sex: Male Occupation (if relevant) NA If female, pregnant? NA	Exposure route: Unknown route Was exposure occupational? Not indicated If yes, days lost due to illness: NA	Was adverse effect result of suicide/homicide or attempted suicide/homicide? No Time between exposure and onset of symptoms: >1 month and <=3 months	Was protective c worn (specify)? None Reported	lothing
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ER/Hospital-admitted Exposure data: NA Amount of pesticide: NA Exposure duration: Chronic: >1 month <= 3 months Patient weight: Unknown	List signs/symptoms/adverse eff Gastrointestinal-Emesis/Vomiti Neurological-Seizure (multiple/	ng	0	d results (If
Human severity category: HC			00000	0 0 0
necessary)		rmation surrounding the incident.		
			Internal ID # 978240-1	



Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

<u>Provide all known, </u>	required information. If requ	uired data field ir	nformation is unkno				1 of 3
Row 1 Administrative	Reporter Name		Submission date. 6/29/2012	Contact person	n (if dif	ferent than reporter)	Internal ID 978240-2
Data	Address			Address			
	Phone #			Phone #		· · · · · · · · · · · · · · · · · · ·	 -
	Incident Status:	Location and Middleberg, I USA Chronic: >1 I months		Date registran became aware incident.		Was incident part of No	f larger study?
Row 2	EPA Registration # (Pro-	duct 1)	EPA Registratio	n # (Product 2)		EPA Registration #	(Product 3)
Pesticide(s) Involved	72155-80						
0000	A.I. (s) Beta-Cyfluthrin, sodium o- phenylphenate		A.I. (s)			A.I. (s)	
0000	Product 1 name Howe Pestplus Germ Killer Indoor & Outdoor Killer RTU (1 Gal)		Product 2 Name			Product 3 Name	
000	Exposed to concentrate p dilution? No	rior to	Exposed to conc dilution?	entrate prior to		Exposed to concentr dilution?	ate prior to
	Formulation		Formulation			Formulation	
Row 3	Evidence label directions were not followed? No Intentional misuse? No Applicator certified? UNK	yard, school, nursery/greet commercial t woods, agric	enhouse, surface w turf, building/officultural (specify cr ility, highway)).	include mixing/loading, reentry, appropriate, transportation, repair/ maintenance application equipment, manufacturing			ntry, application, tenance of ufacturing/
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident Description Notes						



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history of seizures in her family but she has not had them in the past.

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Would encourage anyone affected to continue to follow-up with their primary care providers as directed and if they have specific questions regarding the tox profile of the product, AI etc, please have them call. Provided tele# and case#

LeMaster, Steve May 23 2012 10:50AM notified client

frontal lobe and underlying epileptic activity.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 3 of 3

Demographic information: Age: 40 Year(s) Sex: Female Occupation (if relevant) NA If female, pregnant? NO	Exposure route: Unknown route Was exposure occupational? Not indicated If yes, days lost due to illness: NA	Was adverse effect result of suicide/homicide or attempted suicide/homicide? No Time between exposure and onset of symptoms: I month or less	Was protective clothing worn (specify)? None Reported
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). Private MD/DVM-treated & released Exposure data: NA Amount of pesticide: NA Exposure duration: Chronic: > I month = 3 months Patient weight: Unknown	List signs/symptoms/adverse eff Neurological-Seizure (single)	ects	If lab tests were performed, list test names and results (If available, submit reports) None Reported
Human severity category:	any explanatory or qualifying info	rmation surrounding the incident. (add additional pages if
incessarys o			
			Internal ID # 978240-2

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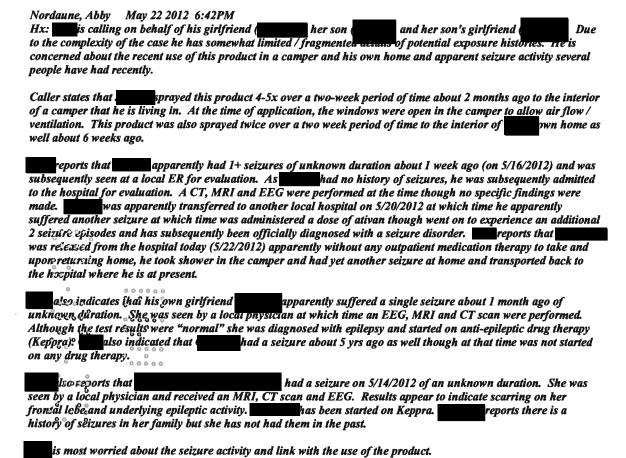
Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Row 1 Administrative Data	required information. If required data field in Reporter Name		Submission date. 6/29/2012	Contact perso	Contact person (if different than reporter)		Internal ID 978240-3
24	Address			Address			
	Phone #		Phone #				
	Incident Status: New	Middleberg, a USA	d date of incident became aware of incident. 1 month <= 3 Date registrant became aware of incident. 05/22/2012			Was incident part of larger study? No	
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) 72155-80		EPA Registration # (Product 2)			EPA Registration # (Product 3)	
	A.I. (s) Beta-Cyfluthrin, sodium o- phenylphenate		A.I. (s)			A.I. (s)	0000
	Product 1 name Home Pest plus Germ Killer Indoor & Outdoor Killer RTU (1 Gal)		Product 2 Name			Product 3 Name	0000
	Exposed to concentrate prior to dilution? <i>No</i>		Exposed to concentrate prior to dilution? Formulation			Exposed to &ncentre dilution? • • • •	0 00
	Formulation					Formulation •	
Row 3 Incident Circumstances	Evidence label directions were not followed? <i>No</i> Intentional misuse? <i>No</i>	yard, school nursery/gree commercial woods, agric	: (examples inclu, industrial, industrial, inhouse, surface vturf, building/officultural (specify cility, highway)).	include mixing/loading, reentry, a transportation, repair/ maintenance application equipment, manufacture.		ntry, application tenuace of sufacturing/	
·	Applicator certified? UNK	Own Reside		Bee 1	neuem Description !	voies	
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident Description Notes						

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 3

Brief description of incident circumstances.



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Would encourage anyone affected to continue to follow-up with their primary care providers as directed and if they have specific questions regarding the tox profile of the product, AI etc, please have them call. Provided tele# and case#

LeMaster, Steve May 23 2012 10:50AM notified client

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 3 of 3

Demographic information: Age: 23 Year(s) Sex: Female Occupation (if relevant) NA	Exposure route: Unknown route	Was adverse effect result of suicide/homicide or attempted suicide/homicide?	Was protective clothing worn (specify)? None Reported
If female, pregnant? NO	Was exposure occupational? Not indicated If yes, days lost due to illness: NA	Time between exposure and onset of symptoms: >1 month and <=3 months	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). Private MD/DVM-treated & released Exposure data: NA Amount of pesticide: NA Exposure duration: Chronic: >1 month <= 3 months	List signs/symptoms/adverse eff Neurological-Seizure (single)	ects	If lab tests were performed, list test names and results (If available, submit reports) None Reported
Patient weight: <i>Unknown</i> Human severity category:			0000
НС			00000
necessary)		rmation surrounding the incident. (
		331	Internal ID # 978240-3